

**TIM HOLDEN**

17TH DISTRICT, PENNSYLVANIA

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CONGRESS OF THE UNITED STATES  
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## Privacy Act Form

Pursuant to the terms of the Privacy Act of 1974 and the HIPAA Act of 2003, I hereby authorize United States Representative Tim Holden, or any member of his staff he may designate, to receive any relevant information contained in any military, personnel, or other pertinent Federal agency records for the purpose of assisting me with my inquiry.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

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Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return to your local county office:**

**Berks County**

Congressman Tim Holden  
4918 Kutztown Road  
Temple, PA 19560  
610-921-3502

**Dauphin/Perry County**

Congressman Tim Holden  
1721 North Front Street #105  
Harrisburg, PA 17102  
717-234-5904

**Lebanon County**

Congressman Tim Holden  
758 Cumberland Street  
Lebanon, PA 17042  
717-270-1395

**Schuylkill County**

Congressman Tim Holden  
101 North Centre Street #303  
Pottsville, PA 17901  
570-622-4212

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